scores for application in OA. Researchers can estimate overall utility scores, compute QALY’s, and perform cost-utility analyses within a defined range of uncertainty.

PAR10

ARE THEY RELEVANT? A CRITICAL EVALUATION OF THE INTERNATIONAL CLASSIFICATION OF FUNCTIONING, DISABILITY AND HEALTH CORE SETS FOR OSTEOARTHRITIS FROM THE PERSPECTIVE OF PATIENTS WITH KNEE OSTEOARTHRITIS IN SINGAPORE
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OBJECTIVES: To determine the extent to which health items identified from the perspective of patients with knee osteoarthri-

tics can be linked with the ICF; and to critically evaluate the ICF Comprehensive and Brief Core Sets for osteoarthritis.

METHODS: Items identified from a focus group study were linked independently by two researchers based on the 10 a priori linking rules. Both percentage agreement and kappa statistics were calculated to measure inter-observer agreement. Any disagreements were resolved by reaching a consensus among the researchers. The categories linked with all items were compared with the Comprehensive Core Set for osteoarthritis, while the categories linked with those items reported as important by over 30% of subjects within each of 3 local ethnic groups (i.e. Chinese, Malay, and Indian) were compared with the Brief Core Set. Both comparisons were made only at the second level of the ICF.

RESULTS: Totally 74 items were linked with 44 different ICF categories through 105 linkages with generally very good inter-observer agreement. The 69 items were linked with the ICF at the third or fourth levels. Both commonalities and disparities were found through comparison between the categories linked with these items and both Core Sets for osteoarthritis.

CONCLUSIONS: In this study, all items could be successfully linked with the ICF. The ICF Comprehensive Core Set demonstrated general conceptual validity, while the Brief Core Set needs to be supported by more empirical evidence in various socio-cultural contexts. This study specifically complemented the development and refinement of both Core Sets from the perspective of patients with knee osteoarthritis.

PAR11

VALIDITY STUDIES AND SATISFACTION THRESHOLD OF THE ARTHRITIS TREATMENT SATISFACTION QUESTIONNAIRE (ARTS)
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OBJECTIVE: The 18-item ARTS questionnaire measures 4 dimensions relative to satisfaction with osteoarthritis treatment: Effectiveness, Convenience, Tolerability, and Medical Care. Validity studies and discriminant properties are reported in order to establish a clinical relevant difference in the overall score and a satisfaction threshold.

METHODS: Two samples are compared: a normative group of 163 used for linguistic validation associated costs over a patients’ lifetime, will facilitate the econ-

omic evaluations of adalimumab.

PAR12

IMPROVEMENT IN HEALTH UTILITY IN PATIENTS WITH PSORIATIC ARTHRITIS TREATED WITH ADALIMUMAB (HUMIRA®)
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OBJECTIVES: To estimate change in quality of life (QoL) in patients with psoriatic arthritis (PsA) receiving adalimumab vs. placebo, as measured by the health utility measurement Short Form 6D (SF-6D).

METHODS: In a placebo-controlled, Phase III trial of adalimumab (ADEPT), patients with active PsA received adalimumab 40mg every other week (eow) or placebo for 24 weeks. The SF-6D was estimated at baseline, 12 weeks and 24 weeks using responses to the Short Form 36 (SF-36) patient questionnaire. Multiple linear regression models were estimated to explore the effects of age, sex, disease duration, concomitant therapies, baseline Health Assessment Questionnaire Disability Index (HAQ DI), and the Psoriasis Area and Severity Index (PASI). Patients were further differentiated as responders or non-responders using the Psoriatic Arthritis Response Criteria (PsARC) and an improvement in the PASI by 75% (PASI 75).

RESULTS: Baseline SF-6D values were 0.66 and 0.65 for the adalimumab and placebo arms respectively. Overall, adalimumab improved health utility by 10.6% (SD = 18.9) in comparison to 2.9% (SD = 16.2) for placebo. Adalimumab was particularly efficacious in patients with skin involvement (13.7% (SD = 20.9) versus 0.5% (SD = 17.0)). PsARC response was a significant predictor of utility improvement, and, for patients with skin involvement, PASI 75 was also important CONCLU-

SIONS: These findings demonstrate that adalimumab was effi-

cacious in improving PsA patients’ quality of life; and this efficacy was observed to an even higher degree in patients with more skin involvement. Health utilities, when modeled with associated costs over a patients’ lifetime, will facilitate the eco-

nomic evaluations of adalimumab.

PAR13

THE DIRECT MEDICAL COST OF RHEUMATOID ARTHRITIS IN HONG KONG
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